

+

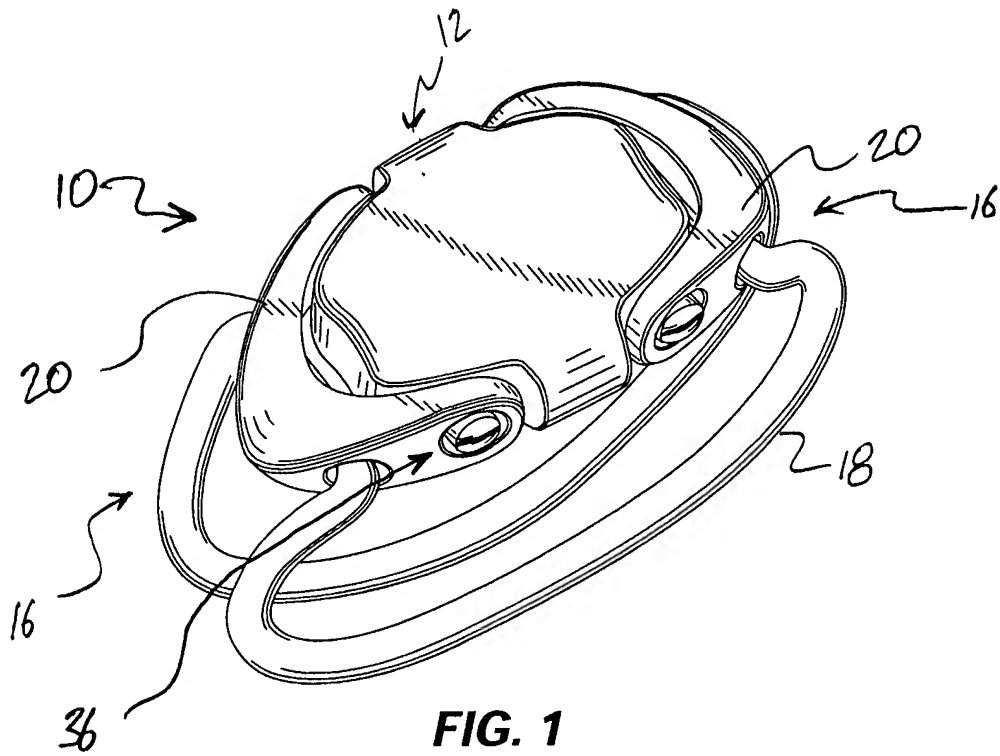
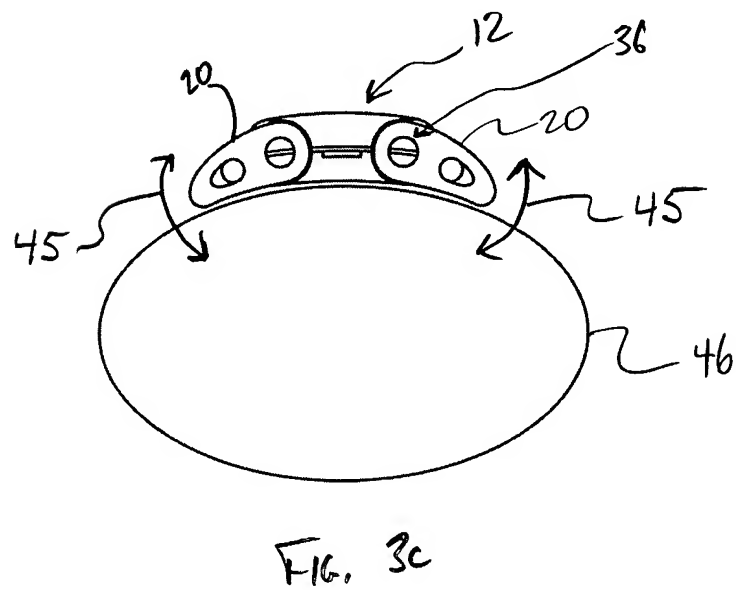
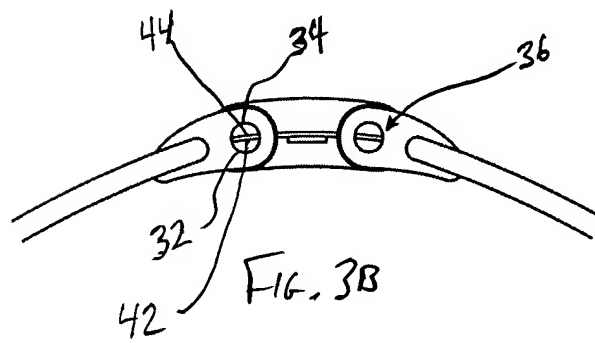
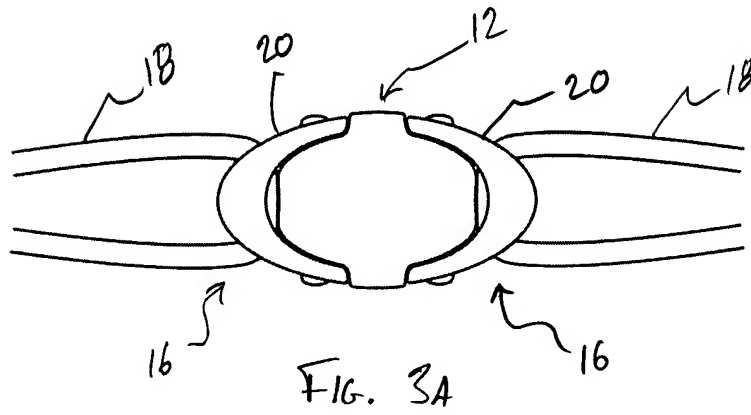




Fig. 2



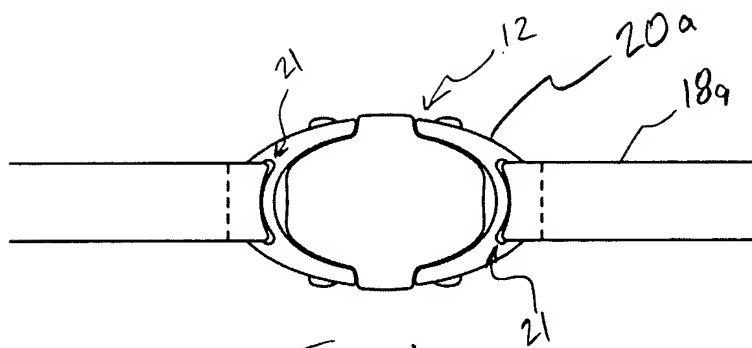


FIG. 4A

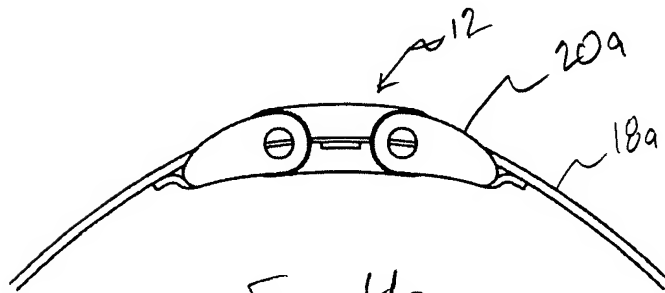


FIG. 4B

EMERGENCY  
IDENTIFICATION  
SYSTEM

In the event of an accident or medical  
emergency, please contact the following  
family member(s) and/or friend(s).

Thank-you,

\_\_\_\_\_  
(Name/Signature)

Name/Relationship      Phone Numbers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Existing Medical Conditions, Allergies,  
Blood Type, Medications, Etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information or Requests

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIG. 5